# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 08, 2004**
**Secretary of State**

DOCUMENT# G44726

**Entity Name:** CDC-CFO, INC.

**Current Principal Place of Business:**

2441 ORLANDO CENTRAL PKWY
P.O. BOX 22801
ORLANDO, FL 32809 US

**New Principal Place of Business:**

1830 AVENUE OF THE STARS
P.O. BOX 22801
ORLANDO, FL 32809 US

**Current Mailing Address:**

% CHEFS DE FRANCE
P.O. BOX 22801
LAKE BUENA VISTA, FL 328309801

**New Mailing Address:**

**FEI Number: 59-2388518** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, SAMUEL
1830 AVENUE OF THE STARS
% CHEFS DE FRANCE OF ORLANDO, INC
LAKE BUENA VISTA, FL 32830

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: LENOTRE, GASTON,
Address: LE PRE CATELIN
City-St-Zip: PARIS, FRANCE 00000,

Title: VD ( ) Delete
Name: BOCUSE, PAUL,
Address: PAUL BOCUSE CONSELL
City-St-Zip: COLLINGES, FRANCE 00000,

Title: VD ( ) Delete
Name: VERGE, ROGER,
Address: MOULIN DE MOUGINS
City-St-Zip: MOUGINS, FRANCE 00000,

Title: AS ( ) Delete
Name: WILSON, SAMUEL,
Address: 1830 AVENUE OF THE STARS
City-St-Zip: LAKE BUENA VISTA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL WILSON AS 07/08/2004

Electronic Signature of Signing Officer or Director Date